

**CENTRAL LEE COMMUNITY SCHOOL DISTRICT  
DONNELLSON, IOWA**

**APPLICATION FOR CERTIFIED POSITION - COACH**

Application Date: \_\_\_\_\_ Date Available: \_\_\_\_\_

Position(s) for which you are applying: \_\_\_\_\_

Last Name	First Name	Middle Initial
Address	City	State
		Zip Code
Telephone Number(s)		Social Security Number
Home:	Work:	_____

Are you available full time? \_\_\_ Yes \_\_\_ No      Are you legally eligible to work in the United States? \_\_\_ Yes \_\_\_ No

Are you willing to consider less than full time? \_\_\_ Yes \_\_\_ No      Are you a United States citizen? \_\_\_ Yes \_\_\_ No

Are you under a teaching contract for next year? \_\_\_ Yes \_\_\_ No      If so, where? \_\_\_\_\_

**EDUCATIONAL PREPARATION:**

SCHOOL	LOCATION	DEGREE MAJOR AND MINOR FIELDS	DATES ATTENDED	GRADUATION DATE
High School				
College				
Graduate School				

**EMPLOYMENT EXPERIENCE:**

Start with your present or last job. Complete this information even if you are supplying a resume.

**COACHING EXPERIENCE**

Employer	Dates Employed		Area Coached
	From	To	
Address			
Telephone Number(s)			
Supervisor			
Employer	Dates Employed		Area Coached
	From	To	
Address			
Telephone Number(s)			
Supervisor			

Employer	Dates Employed		Area Coached
	From	To	
Address			
Telephone Number(s)			
Supervisor			

Employer	Dates Employed		Area Coached
	From	To	
Address			
Telephone Number(s)			
Supervisor			

**EMPLOYMENT EXPERIENCE :** Start with present job or last job

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Supervisor			
Reason for Leaving			
Full Time ____ Part Time ____ Hours/Week ____ # of Workdays if less than 6 mon. ____			

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Supervisor			
Reason for Leaving			
Full Time ____ Part Time ____ Hours/Week ____ # of Workdays if less than 6 mon. ____			

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Supervisor			
Reason for Leaving			
Full Time ____ Part Time ____ Hours/Week ____ # of Workdays if less than 6 mon. ____			

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Supervisor			
Reason for Leaving			
Full Time ____ Part Time ____ Hours/Week ____ # of Workdays if less than 6 mon. ____			

  

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Supervisor			
Reason for Leaving			
Full Time ____ Part Time ____ Hours/Week ____ # of Workdays if less than 6 mon. ____			

## REFERENCES

List three references.			
NAME	POSITION	ADDRESS	PHONE

## MILITARY DUTY:

Active Duty: \_\_\_\_\_

Branch: \_\_\_\_\_

Location of Duty: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_

Reserve Duty: \_\_\_\_\_

Branch: \_\_\_\_\_

Obligation Period: \_\_\_\_\_

Obligation Times: \_\_\_\_\_

## BACKGROUND INFORMATION:

Yes/No

- \_\_\_\_\_ Are you on a sex offender registry?
- \_\_\_\_\_ Are you on the Department of Human Services' child abuse registry?
- \_\_\_\_\_ Have you ever been asked to resign from a position or been given the choice of resigning or being terminated from your position?
- \_\_\_\_\_ Have you ever been found guilty, accepted a guilty or Alford plea, or entered a plea of no-contest for any criminal charge?
- \_\_\_\_\_ Have you ever received a deferred judgment, or in some other way had a guilty plea or conviction removed from your record?
- \_\_\_\_\_ Have you ever been the subject of an investigation or formal or informal proceeding that resulted in the termination of your employment or resignation from your position?
- \_\_\_\_\_ Have you ever been the subject of an investigation or other formal or informal proceeding resulting in disciplinary action (including verbal warning up to termination) or may result in public embarrassment for the Central Lee Community School District if revealed?

Please provide a brief narrative explaining any "Yes" response. \_\_\_\_\_

- \_\_\_\_\_ Are you able to perform with or without reasonable accommodation, the essential job functions required of this position? If no, please explain: \_\_\_\_\_

Responding "yes" to any of the previous questions is not an automatic bar to employment. The date of the offense, and the relationship between the offense and the position for which you are applying will be considered.

### AGREEMENT

I hereby certify that the above information, to the best of my knowledge, is true, accurate, and complete. Any misrepresentation or willful omissions of act shall be sufficient cause for disqualification of this application or termination of employment. I authorize verification of any of this information. I authorize all current and former employers to release any information concerning my background. I understand that this application is not a contract of employment. I also understand that if hired, regardless of any oral representation to the contrary, the employment relationship is terminable-at-will.

### READ CAREFULLY BEFORE SIGNING

I agree that any claim or lawsuit relating to my service with the Central Lee Community School District must be filed not more than **six (6) months** after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

This application will be considered active for twelve (12) months from the date filed. If you are hired, it becomes part of your official employment record.

Full Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

RETURN TO: Central Lee Community School District  
2642 Highway 218  
Donnellson, IA 52625  
Phone (319) 835-9510  
An Equal Opportunity Employer

The Central Lee Community School District does not discriminate on the basis of race, creed, color, national origin, age, disability, sex, or religion in employment or in access to participation in educational programs and services.